

# CLAIMS ONLY

SERIAL NO. \_\_\_\_\_ FILING DATE \_\_\_\_\_

APPLICANT(S) \_\_\_\_\_

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1				1	
2		1				
3		1			1	
4		1			1	
5		1			1	
6		5			3	
7		5			3	
8		1			1	
9		1			1	
10		1			1	
11		1			1	
12		1			1	
13	1				1	
14		1			1	
15		1			1	
16		2			2	
17	1				1	
18		1			1	
19		1			1	
20		1			1	
21		1			1	
22		1			1	
23		1			1	
24		1			1	
25					1	
26					1	
27					2	
28					2	
29					3	
30						
31						
32						
33						
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36						
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42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	9		9		4	
TOTAL DEP.	24	24	24		36	
TOTAL CLAIMS	33	33	33		30	

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. \_\_\_\_\_

FILING DATE \_\_\_\_\_

APPLICANT(S) \_\_\_\_\_

CLAIMS

C FILED	AFTER		AFTER		D 2nd AMENDMENT
	IND.	DEP.	IND.	DEP.	
1		1			
2		1			
3					
4		1			
5		1			
6		2	1		
7		1			
8		1			
9		1			
10		1			
11		1			
12		1	1		
13		1			
14		1			
15		1			
16		2			
17		1			
18		1			
19		2			
20		2	2		
21		2	2		
22		2	2		
23		2	2		
24		2	2		
25		1	1		
26		1			
27		2	2		
28		2	2		
29		2	2		
30		1	1		
31		1			
32		1			
33					
34					
35					
36					
37					
38					
39					
40					
41					
42					
43					
44					
45					
46					
47					
48					
49					
50					
TOTAL IND.		4			
TOTAL DEP.	←	39	←	←	←
TOTAL CLAIMS	43				

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51								
52								
53								
54								
55								
56								
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97								
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100								

TOTAL IND.	←		←		←	
TOTAL DEP.	←		←		←	
TOTAL CLAIMS	43					